

**Mail to:**  
Dennis R. Downs, Director  
Division of Solid and Hazardous Waste  
P.O. Box 144880  
Salt Lake City, Utah 84114-4880

Date Entered: \_\_\_\_\_

## **SOLID WASTE COMPOST FACILITY ANNUAL REPORT**

### **Part I - General Information**

**Administrative Information** Please enter all the information requested below.

Calendar or fiscal year of report: \_\_\_\_\_

If fiscal year, please provide period covered: From \_\_\_\_\_ To \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Mailing Address: \_\_\_\_\_

(Number & Street, Box and/or Route)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Contact's Name: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Title: \_\_\_\_\_

Contact's Mailing Address: \_\_\_\_\_

Contact's Email Address: \_\_\_\_\_

#### **Owner**

Name: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Number & Street, Box and/or Route)

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### **Operator** (Complete this section only if the operator is not an employee of the Owner shown above)

Name: \_\_\_\_\_ Phone No.: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(Number & Street, Box and/or Route)

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### **Facility Status**

☐ Currently in Operation

☐ Closed - Date: \_\_\_\_\_

(The "Closed - Date" is the date that all compost was removed from the site)

### **Part II - Other Information**

#### **Annual Waste Received**

Tons received in reporting period: \_\_\_\_\_ or cubic yards: \_\_\_\_\_

Product removed from site during period: \_\_\_\_\_ Tons or cubic yards

Has facility operated according to approved plan of operation ☐ yes ☐ no

If no please contact the solid waste section at 801-538-6170

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

**Print Name:** \_\_\_\_\_